East Prince Health Annual Report 2003-2004

East Prince Health

Contributing to a brighter and healthier future

105-02813/

Table of Contents

Message from the Board Chair
Message from the CEO

East Prince Health – Overview 1
EPH – Year in Review 3
EPH Organizational Structure 5
Financial Services and Information Technology 6
Organizational Development 7
- Human Resources 8
- Labour Relations 8
- Education 9
- Occupational Health and Safety 9
- Quality Management 11
- Accreditation 11
- Risk Management 12
- Freedom of Information and Protection of Privacy 12
- Strategic Planning 12
- Wellness 12
- Volunteers 13

Continuing Care and Seniors 14
- Acute/Long-term Care (Stewart Memorial Hospital) 14
- Provincial Geriatrician Program 16
- Home and Palliative Care 16
- Housing 17
- Long-term Care 18

Family Services 20
- Community Mental Health 20
- Addiction Services 20
- Child and Family Services 21

Primary Health and Community Services 23
- Evangeline Community Health Centre 23
- Financial Assistance/Disability Support Program 24
- Public Health Nursing 25

Appendix
- Auditor's Report 29

Message from the Board Chair

On behalf of the members of the East Prince Health Board I am pleased to present the 2003-2004 East Prince Health Annual Report, and to thank the staff for their dedication and hard work in helping the organization achieve another successful year. East Prince Health (EPH) is a very special organization that includes skilled and dedicated people who have the well-being of the community as the foundation of all they do to serve a population of nearly 33,000.

The nine members of the board, five elected and four appointed, represent the five electoral zones of East Prince and serve a three-year term. It is the role of the board to ensure the vision and directions taken in the region reflect the present and future needs of the citizens. Our responsibilities include community needs assessment, regional/system planning and allocation of resources, accountability for regional system performance and resources and influencing determinants of health outside the health system.

It is also the goal of the board to report to, and work with, the Government of Prince Edward Island to ensure the region's goals are in line with the overall health strategies of the province. In addition, we act as advocates in helping ensure the government establishes health policies that reflect the needs of the region and its communities.

I want to take this opportunity to thank the board members for their contribution to the continuing evolution of East Prince Health as an organization which is reflective of, and responsive to, the needs of the East Prince community.

The health care system today faces many challenges, from an aging population to recruiting and retaining health care professionals in rural areas. I am confident that with talented and dedicated board members and staff, working in partnership with community groups, government and our clients, change will continue to have positive outcomes.

The period April 1, 2003, to March 31, 2004, saw the preparation of a long-term strategic plan for the organization. The thought and analysis which went into developing this document demonstrate the maturity of the organization and will help guide it in the years ahead.

The strategic plan identified three goals for East Prince Health:

1. EPH will become a top 10 organization of choice in Atlantic Canada by promoting an organizational structure where leaders, employees and volunteers can learn, grow and feel supported and cared about for their contributions.

2. East Prince will become Canada's healthiest community with Canada's healthiest citizens by developing relationships in the community to promote an understanding of the determinants of health and an understanding of who shares responsibility for health. Internally, EPH will focus on the quality of service it delivers: appropriateness, efficiency and effectiveness to support clients who come into the system attain and maintain their best possible health.

3. EPH will become an organization of best practice by continuously improving its services, by ensuring it evaluates the outcomes of programs, services and new initiatives and by ensuring alignment and integration of services and programs to support client needs.

I look forward with confidence to seeing these goals become a reality, not only for East Prince Health, but for all residents of the region.

Respectfully submitted,
Dr. Allen MacLean
Board Chair

Message from the Chief Executive Officer

I am pleased to present the East Prince Health Annual Report for the period April 1, 2003, to March 31, 2004.

This has been a year of challenges for East Prince Health, including restructuring, fiscal restraint, primary health care redesign, staff recruitment and retention. But it has also been a year of many successes. I want to take this opportunity to publicly thank all the staff and volunteers who contributed to meeting these challenges and making our successes possible.

As we continue to serve the population of East Prince, our ongoing emphasis has been on forming and maintaining partnerships with the community and working with government and the community to help achieve the best possible health for all residents. Our focus continues to be the wellness of the community.

To this end, under primary health care redesign, we are building a structure which enhances local responsiveness, improves continuity of care and services, reflects determinants of health, improves cost-effectiveness and increases accountability and quality in decision making. A very visible demonstration of primary health care redesign and the emphasis on determinants of health is the role played by Healthy Living Coordinators.

With the development of our long-range strategic plan we now have a roadmap to follow as we work towards the three goals outlined in the plan: to make EPH a top 10 organization of choice in Atlantic Canada, to help East Prince become Canada's healthiest community with Canada's healthiest citizens, and to create an organization of best practice by continuously improving our services.

The past year also marked the completion of an accreditation process which helps health service organizations identify their strengths and weaknesses, and better understand the objectives and intricacies of their organization. This, in turn, will help EPH develop short- and long-term plans to most effectively use financial resources to meet targeted needs.

In the continuing quest to improve our ability to deliver services to clients, completing the accreditation process has allowed staff to look critically at what we do and how we do it. I want to thank everyone for their contribution to this very important initiative.

Another major undertaking during the period under review was the implementation, across the province of the Integrated Services Management (ISM) system – a PEI Health System project designed to enhance health care and service through information technology.

The system allows health care providers to securely access, document and manage client service–related information electronically with the goal of improving the efficiency of service delivery and outcomes for the community.

One of the principal challenges successfully met by East Prince Health staff was becoming comfortable with the new technology and making it part of their daily work. An ongoing challenge is to incorporate this new tool into clinical practice.

Additional benefits expected to be derived from the ISM include the promotion of more consistent standards and business procedures, more accurate planning and accountability, cost savings, research potential and economic benefits. I want to commend the staff of East Prince Health who rose to the challenge posed by the implementation of ISM and who will now be better able to serve clients in the community as a result of its implementation.

I look forward with confidence to the future as we work with the East Prince community to build on the successes of this year.

Respectfully submitted,
Katherine Kelly
Chief Executive Officer

East Prince Health – Overview

East Prince Health is one of five regional health authorities created as a result of Health and Social Services organizational redesign in 1993. The mandate of services changed significantly in 2002 when the Prince County Hospital was realigned with the Provincial Health Services Authority. East Prince Health is the governing body for community health services in East Prince, serving the primary health care needs of individuals, families and communities from Crapaud to Ellerslie.

Socio-demographic Profile

With a staff of approximately 600 and a budget of $35,770,000, East Prince Health serves a population of nearly 33,000. This population was distributed among the following age groups:

age 0 – 14 years	20 per cent
age 15 – 29 years	19 per cent
age 30 – 49 years	30 per cent
age 50 – 64 years	17 per cent
age 65+	14 per cent

The average income of residents in the region is $18,755, with the average household income being $39,342.

East Prince Health also serves a Francophone population of almost 3,000, which represents 51 per cent of the Francophone population of Prince Edward Island.

East Prince Health's mission is to support and encourage individuals, families and communities to attain and maintain their best possible health. This is achieved through partnering with community groups and organizations to deliver health and social services effectively and efficiently.

As a result of a long-range strategic planning process completed in the year under review, East Prince Health had identified three principal goals for the organization:

1. East Prince Health will become a top 10 organization of choice in Atlantic Canada.

2. East Prince will become Canada's healthiest community with Canada's Healthiest citizens.

3. East Prince Health will become an integrated organization of best practice.

East Prince Health Board

The five electoral zones of East Prince are represented on the East Prince Health Board by five elected members. There are also four appointed members. Board members serve a three-year term and work to ensure the vision and directions taken in the region reflect the present and future needs of the citizens. Their responsibilities include community needs assessment, regional/system planning and allocation of resources, accountability for regional system performance and resources and influencing determinants of health outside the health system.

East Prince Health Services

Financial Services
Organizational Development
Continuing Care and Seniors
Family Services
Primary Health and Community Services
Medical Services

Year in Review

The fiscal year 2003-2004 was one of change and challenges for East Prince Health. In addition to continuing to deliver quality health care and social services to clients in East Prince, the organization also undertook a number of projects and met a number of challenges.

The dedication of the staff of East Prince Health and their client-focused service delivery contributed greatly to the innovative and successful projects highlighted below.

Accreditation

East Prince Health completed the process required to obtain accreditation. This voluntary process uses internal and external evaluation to help organizations evaluate their services to improve quality. The internal evaluation (self assessment) was completed by multi-disciplinary teams, with input from clients, using national standards of excellence. The external evaluation was completed through an on-site survey by a team of peer experts from across Canada. They used the same national standards and gained an understanding of the organization by reviewing the self assessment, touring sites, and meeting with staff teams, clients and partners. Accreditation is awarded based on the results of these assessments.

Balanced Budget

In a time of concerns about deficits and financial restraint, East Prince Health has been able to balance its budget for the third year in a row. This has been achieved without compromising the level of service provided to the community. It can be attributed, in no small part, to the dedication and innovation demonstrated by the staff of the various East Prince Health programs which serve individuals and the community as a whole.

Integrated Services Management

During the period under review, the staff of East Prince Health community-based services participated in the implementation of a provincial Integrated Services Management (ISM) system - a PEI Health System Project designed to enhance health care and service through information technology. The system allows health care providers to securely access, document and manage client service-related information electronically with the goal of improving the efficiency of service delivery and outcomes for the community.

One of the principal challenges successfully met by East Prince Health staff was becoming comfortable with the new technology and making it part of their daily work. An ongoing challenge is to incorporate this new tool into clinical practice. Additional benefits expected to be derived from ISM include the promotion of consistent standards and business procedures, more accurate planning and accountability, cost savings, research potential and economic benefits.

Primary Health Care

The implementation of the Primary Health Care initiative across the province saw the establishment of the Harbourside Family Health Centre in March 2004 as a Primary Health Care Transition Fund Initiative. The centre will include a collaborative practice of interdisciplinary teams of physicians, nurses and other health care professionals, care management protocols, extended hours and enhanced information technology.

It is expected that such centres will increase collaboration among primary health care workers and improve patient access to primary health care services.

Recorded Information Management

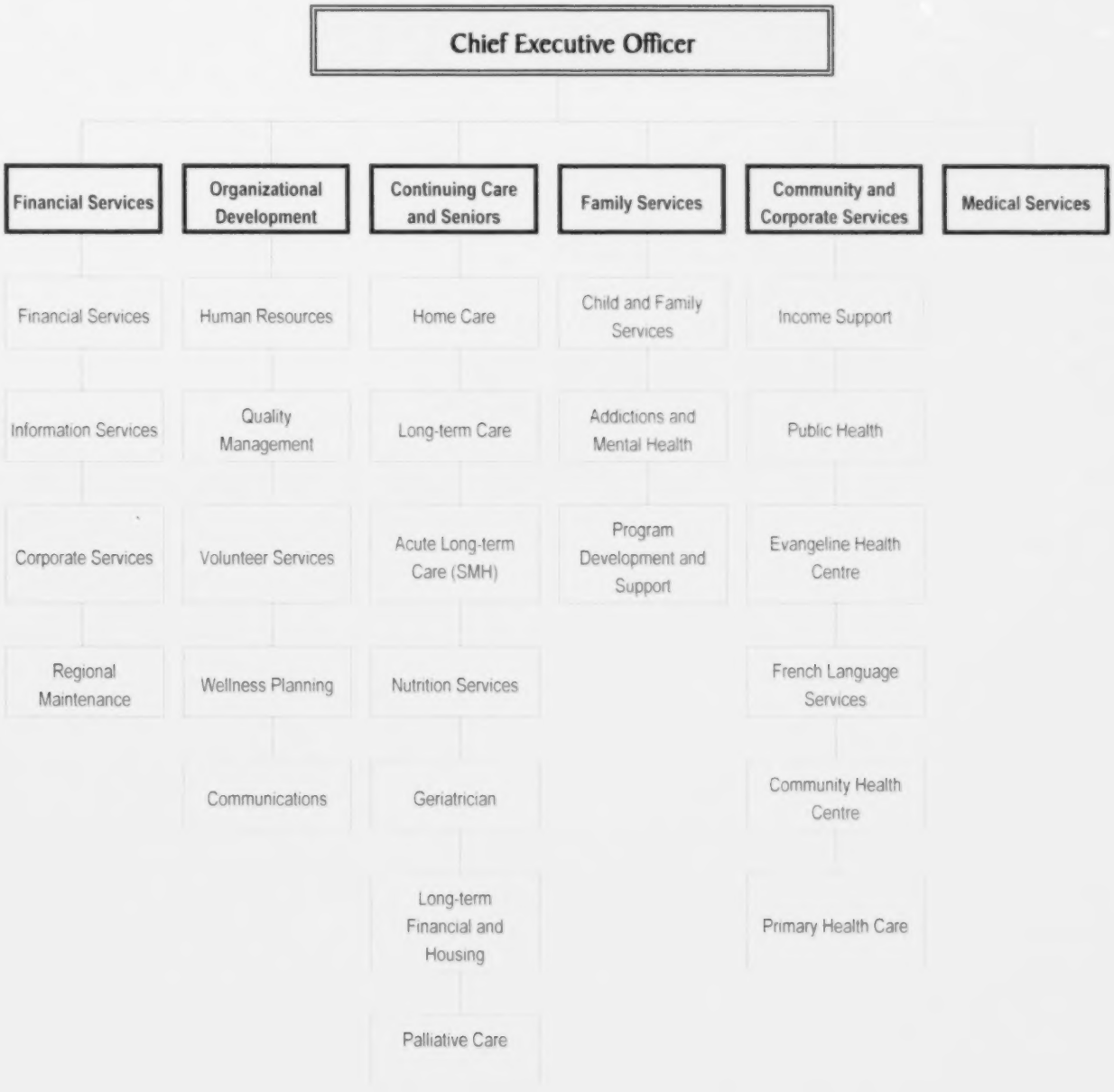
A special project was undertaken to preserve organizational memory, safeguard essential information, control creation and destruction of records and reduce operating costs through improved efficiency and productivity.

Over the course of the year under review there were numerous meetings with staff to determine current status of information management and to build support for the initiative. A Classification Plan and Retention Schedule for administrative records were approved. In addition, East Prince Health initiated an Operational Records Inventory and identified a storage area for inactive records.

Improved recorded information management will support management decision-making, ensure legislative compliance, foster professionalism within the organization while providing litigation support and minimizing litigation risk.

The challenges met, and the highlights described above, will all serve to better position East Prince Health as a community partner dedicated to providing health and social services to the residents of East Prince so that they will have the opportunity to attain and maintain their best possible health.

Organizational Chart



Financial Services and Information Technology

Resources

Budget:	$699,000
Human:	10.9 FTE

Financial Services and Information Technology Division is responsible for the management, custody and control of the financial and information technology needs of East Prince Health. Financial Services provides support services to the regional health authority, which has an annual budget of $36 million, by carrying out the following activities.

- coordinates the development of the budget;
- preforms budget monitoring and forecasting;
- coordinates the accounting and processing of financial transactions;
- coordinates the purchasing of all supplies, materials, equipment and services;
- develops and coordinates the financial reporting system for East Prince Health;
- prepares the annual financial statement; and
- supports and coordinates the information technology needs of East Prince Health.

Financial Services is pleased that East Prince Health has achieved a balanced budget for the third year in a row. One of the main contributors to our financial success has been management's ability to respond very quickly and collectively to financial pressures when they arise within the organization.

The desktop financial reporting process developed last year by East Prince Health has allowed our managers to quickly access pertinent financial information, enabling them to respond quickly to these financial pressures. The process developed at East Prince Health has now been adopted by all other health regions in this province.

Information Technology (IT, with a staff of three, supports the information technology needs of 350 users at nine sites, many in a 24/7 operational environment. The IT department receives on average 250 calls monthly and supports over 20 major pieces of software, some of a critical nature.

This year has included the roll out of new and upgraded IT systems. Some of the major projects include:

- Evergreen upgrade (100 users: hardware changes)
- Integrated Services Management rollout
- Fibre optic network upgrade
- Server consolidation at the regional office

Organizational Development

Resources

Budget:	$740,800
Human:	11.5 FTE

Introduction

The purpose of the Organizational Development Division is to continue to strengthen and develop the organization by:

- providing leadership in the area of evolving and innovative best practice: and
- providing specialized advice, assistance and service to the leaders, volunteers, staff and partners of East Prince Health.

Services include:

- Human Resources
  - Occupational Health and Safety
  - Education
  - Staffing and Administration
  - Labour Relations
  - Benefits, including Rewards and Recognition
- Quality Management
  - Risk Management
  - Results Measurement (utilization management)
- Policy and Planning (strategic and operational)
- Volunteers
- Wellness

Program Performance measures:

- percent of staff attending education courses
- risk trending by type, location
- cost of workers compensation claims
- sick leave utilization
- union grievance settlements
- orientation evaluations

- per cent of managers and supervisors with Frontline Leadership Training
- per cent of managers and supervisors who completed Labour Relations training
- recruitment efforts
- staff turnover
- age demographics

Client Outcomes:

- work days lost due to workplace injuries
- workplace wellness survey results
- accreditation results
- opinion surveys
- staffing

Human Resources

Human Resource Recruitment

Provincial and national recruitment of health professionals continues to be a challenge. The Provincial Nursing Recruitment and Retention Strategy, which was very successful, came to an end March 31, 2004. All five health regions will benefit, now and in the future, from this strategy.

East Prince Health, in collaboration with the Public Service Commission and the Provincial Health Recruiter have succeeded in filling 292 vacancies in 2003.

Labour Relations

Total number of unionized employees, by union.

International Union of Operating Engineers (IUOE)	146
Canadian Union of Public Employees (CUPE)	50
Prince Edward Island Nurses Union (PEINU)	81
Union of Public Sector Employees (U.P.S.E.)	295
Total	572
Excluded Employees (non-union)	45

East Prince Health continues to enjoy a positive working relationship with our union leaders. All 16 grievances filed in 2003-2004 were either withdrawn or settled.

Education

This has been a year of major challenges for education services within East Prince Health as a result of the physical move to a new office location, the accreditation process, separation from peers at Prince County Hospital and budget challenges.

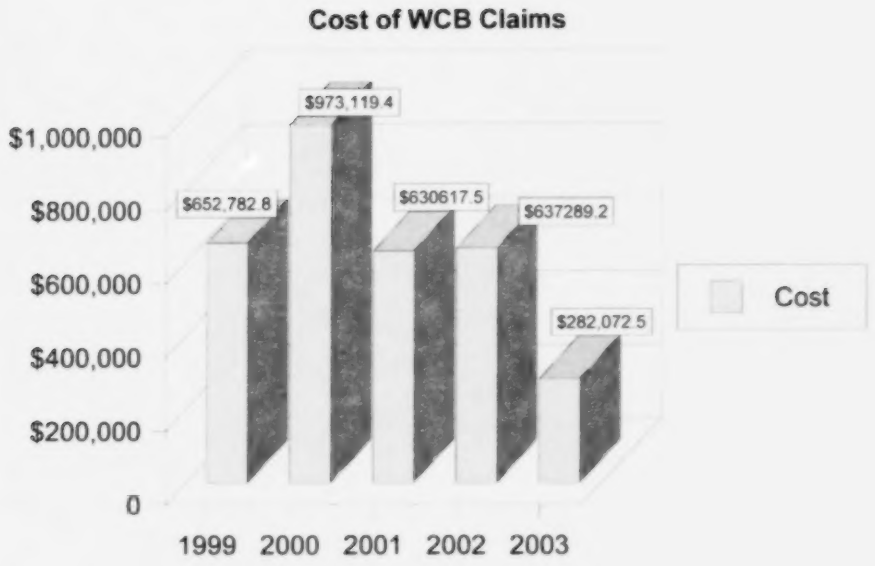
Special efforts have been made to maintain the continuity of education between East Prince Health and Prince County Hospital through partnering on such initiatives as CPR Registration, CPR Re-registration, New Collective Agreement(s) Education, Achieve Global's FrontLine Leadership Program, which focuses on management and leadership development, and a six-module Labour Relations Series which addressed priority labour issues. Through a second education partnership with the provincial government 36 civil service employees and 13 East Prince Health employees attended the Civil Service Pension Plan training which explained the most recent facts about their pension benefits.

The FrontLine Leadership Program was attended by 15 East Prince Health staff including directors, managers, supervisors and future leaders. Five Prince County Hospital supervisors also attended. In an evaluation of the six recently completed Communications Modules, participants had very positive feedback about the usefulness of their learning in the workplace and the value of sharing their situations in small group activities. Hearing about others' situations added to their learning.

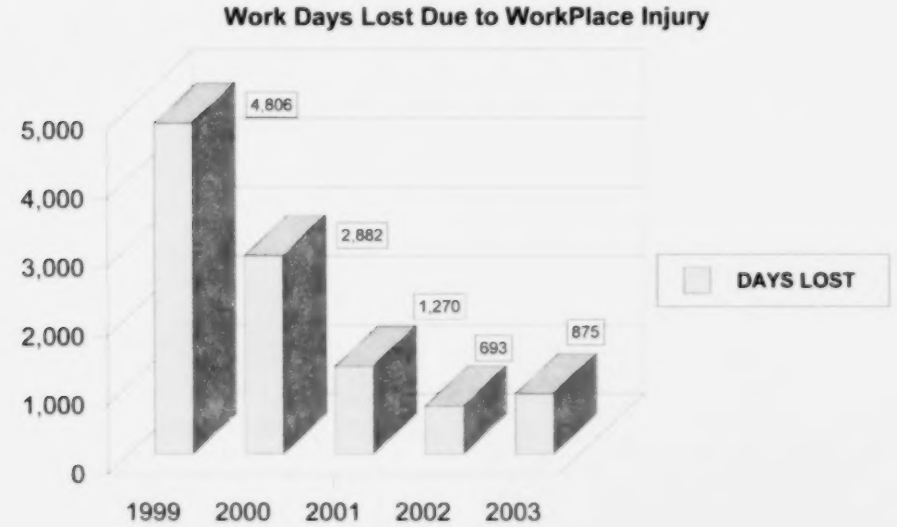
East Prince Health General Orientation Programs have welcomed 78 new employees to our region. A newly developed **Student General Orientation Program** was offered to 30 students. Students participating in the Bachelor of Nursing Student Program, Health Care Futures Program and Jobs for Youth have been welcomed by East Prince Health staff, residents, clients and patients. Student evaluations cite praise and appreciation for the staff they have observed and worked with. Students say they have learned a lot about East Prince Health, its facilities and services and about the real world of health care.

Occupational Health and Safety

The Occupational Health and Safety program continues to demonstrate positive results for East Prince Health.



Cost of Workers Compensation Board Claims – *highlights the reduction in the cost of Worker Compensation claims for East Prince Health over the last five years. This demonstrates East Prince Health's commitment to providing a safe workplace. Examples of initiatives contributing to this reduction include installation of ceiling lifts, more involvement of the Occupational Health and Safety Committee's Claim Management Program and increased education and awareness of potential hazards on the part of staff.*



Work Days Lost due to Workplace Injury – *highlights the actual number of work days lost due to injury. This graph demonstrates the reduction in the number of workplace injuries over the past five years.*

Other Activity

In 2003-2004 East Prince Health partnered with Prince County Hospital to recognize long-term service by 72 staff, volunteers and foster parents.

East Prince Health participated on a provincial committee which developed a Criminal Record Check Policy. This policy requires that all new employees provide a Criminal Record Check before being hired.

The Regional Laundry was a new service instituted by East Prince Health in 2003-2004. Management and unions worked closely to staff 16 new employees at this service.

East Prince Health Administration/Organizational Development and Finance Department moved to a new location on Harbourside Drive. This new location provides more space for delivering education and training programs, including general orientation.

Quality Management

Quality Management is an organized approach by East Prince Health to continually develop, deliver and measure the best possible care and service.

This definition recognizes that our quest for quality never ends; quality is everyone's responsibility. We consistently look for ways of doing things better and we need to measure where we are today so we know where we need to go tomorrow.

The period under review has been an exciting time for the quality management team of East Prince Health. Highlights include:

Accreditation

Accreditation is a voluntary process which evaluates the quality of an organization's services against national standards. A major component of this process included a self-assessment conducted between October 2003 and January 2004 by nine multi-disciplinary teams with input from our clients. Once the remainder of the accreditation process including a survey by expert health professionals is completed, accreditation status is awarded.

Risk Management

A comprehensive risk management framework has been developed and approved for implementation in East Prince Health. As a first step, an environmental scan was conducted throughout the organization to include a cross section of staff in all services. As a result, proactive strategies will be developed to address the priorities identified through the environmental scan.

A provincial incident reporting policy, form and database were implemented in East Prince Health. An **incident** is defined as any event, accident or unusual situation which is not consistent with the routine operation of the facility or service, or the routine care of the client. To support this implementation, 28 staff education sessions were completed at all sites throughout the region. The number of incidents reported continue to increase as a result of greater awareness and comfort in reporting incidents. In 2003–2004, East Prince Health did not have any incidents resulting in litigation.

Freedom of Information and Protection of Privacy

In November 2003, the health system came under the *Freedom of Information and Protection of Privacy (FOIPP) Act*. The quality management team conducted a number of staff education sessions to support the implementation of this act. Ongoing leadership in policy development, analysis of compliance and coordination of requests continues to be a priority for the quality management team.

Strategic Planning

In response to health system restructuring in December 2002, East Prince Health undertook a strategic planning exercise to reflect its new mandate. Over the course of several months, staff, managers, physicians and the board defined a new organizational purpose statement and three strategic goals. Under the leadership and coordination of the quality management team, each program and service of East Prince Health is currently developing their operational plans which support the achievement of the region's strategic plan.

Wellness

Growing a Healthy Organization

We now know for certain that a definite link exists between a healthy workplace and organizational success. East Prince Health wants to be the employer of choice and one significant way to achieve that objective is through a solid commitment to workplace health and the personal health of our staff, physicians and volunteers.

Our organization assisted in hosting Atlantic Canada's first Workplace Wellness Conference in October 2003, with the theme of **Building Healthy Workplaces**. More than 200 people from across Atlantic Canada came together to share ideas, collaborate with colleagues and hear from top Canadian experts on workplace wellness.

A number of wellness initiatives that focus on healthy eating, physical activity, stress management and safe workplaces are ongoing throughout the organization. During the period under review, several new initiatives were developed including a payroll deduction plan for fitness memberships, promoting healthy lifestyles for shiftworkers and yoga at work.

Giving priority to a healthy workplace culture is the right thing to do. It shows we value and respect our staff, physicians and volunteers. It also supports recruitment and retention of health care professionals by making East Prince Health a more desirable employer.

Volunteers

The Volunteer Services Program office is a centre for recruitment, screening and orienting volunteers to be matched with various services throughout the health region. More than 700 volunteers are now registered in the Volunteer Service Program database.

A new volunteer recruitment campaign in 2003-2004 called **Ask a Friend**, was very successful, recruiting over 115 new volunteers. Volunteers and staff referred their friends and family as part of a campaign message to spread the word and ask others to be part of the health-care team.

Orientation and training were offered to all new volunteers before they were matched with East Prince Health sites or Prince County Hospital. Staff at various worksites were supportive in assisting with training volunteers and contributing to the design of the volunteer role descriptions. Volunteers receive the *Volunteer Times* newsletter twice a year, and also see regular updates and recognition features in our regional *Momentum* newsletter.

As an important part of the health care team and the community, volunteers offer their time, skills and talents, to make a difference in the lives of those we serve.

Continuing Care and Seniors

Purpose

The Continuing Care and Seniors Division of East Prince Health provides clinical, residential, community hospital and support services to seniors aged 60 years and older and for individuals under 60 who have special functional and/or community needs and who reside in East Prince. These services assist clients in attaining and maintaining optimal health.

Acute Long-term Care (Stewart Memorial Hospital)

Resources

Budget:	$1,727,800
Human:	28.95 FTE

Stewart Memorial Hospital provides combined acute and long-term care services. This 23-bed, multipurpose facility, located in Tyne Valley, provides service to residents from as far west as Portage and east to Wellington, as well as to the Lennox Island First Nation. A high percentage of the catchment population are elderly. In 2003-2004 the facility provided 24/7 emergency room service and convalescent, respite and palliative care to the community it serves.

Program Performance Measures

Number of in-patient admissions and in-patient days:

- average length of stay
- most common reasons for hospitalization
- number of emergency room/outpatient visits
- wait times in emergency department
- level of care in long-term-care beds per Seniors Assessment Screening Tool
- advanced Cardiac Life Support Certification (ACLS) for staff and physicians
- thrombolytic therapy audit
- nursing staffing levels

Client Outcomes

- Hospital admissions are appropriate and fit with admission criteria for acute care.
- Emergency wait times are appropriate to triage codes.
- Updated seniors' assessment carried out on all long-term-care residents yearly.
- All staff and physicians will be current with ACLS.
- All acute myocardial infractions receive thrombolytic therapy as per ACLS guidelines.
- Staffing levels will be adequate to meet client/patient needs in a safe manner.

Results

Occupancy rates/Average Length of Stay (ALOS):

Acute Care

98.9 per cent, 150 admissions, average length of stay 11.47 days,
(With convalescent beds closed ALOS increased)

Convalescent

9.83 per cent (3 patients), ALOS 48 days

Respite

4.09 per cent (2 patients), ALOS 22.5 days

Palliative

(combined with acute care numbers)

Long-term-care

91.93 per cent (12 beds)

Convalescent and respite beds were temporality closed on and off throughout the year due to nursing staff shortages.

Total number of emergency room/outpatient visits : 3,246

Breakdown per triage code:

- emergent - 10
- urgent - 211
- semi-urgent - 2,067
- non urgent - 212
- minor procedure carried out by nurse only - 448
- minor procedure carried out by physician only - 168
- dressing changes or re-checks - 78
- cast changes - 15

Monitoring of Performance Standards

- emergency room wait times collected May, August, November and February
- monthly reports on admissions, ALOS, emergency department and clinic visits
- thrombolytic audits on each thrombolytic therapy administered at SMH
- daily assessment of core staffing levels, competency of staff and success of recruitment efforts
- monthly reports on nursing vacancies

Provincial Geriatrician Program

Resources

Budget: Cost shared with the Department of Health and Social Services, all Health Authorities, and Department of Veteran Affairs.

Human: 2 FTE and 1 Physician

The Provincial Geriatrician Program was established in 1998 when Prince Edward Island hired its first geriatrician. Although the service is attached to East Prince Health, it is provided to clients across the province. Referrals are received from family physicians requesting specialized geriatric assessment for their clients. The target population is the elderly who may be experiencing problems in areas such as memory decline, mobility, depression, functional decline, medication issues, adult protection, etc.

The program provides education and information to caregivers, staff and community groups. The provincial geriatrician also acts as a special advisor to provincial programs.

Home and Palliative Care

Resources

Budget: $2,069,500

Human: 26.70 FTE

The home care team provides a variety of services to enable people to remain at home when home is the most appropriate place to be.

The period April 1, 2003-March 31, 2004, has seen further development of care coordination. Care coordinators work with clients who have complex needs and/or receive multiple home care services. Normally multi-service clients make up 23 per cent of the Home Care caseload.

To support the continued development of a Palliative Care program for other care settings in East Prince Health, the resource nurse and pharmacist have provided support through teaching and sharing of clinical information with continuing care staff and by working with the Department of Health and Social Services and the other health regions to expand the palliative care program in other regional sites.

East Prince Health's Housing and Home Care program worked in conjunction with the RCMP Senior Safety Program to provide education sessions on senior safety.

Seven senior safety sessions were held at the seniors housing sites and one at Stewart Memorial Hospital.

Staff have been a part of many initiatives including:

- participating on East Prince Health and the Provincial Health Service Authority accreditation teams;
- providing presentations to many community groups and partners such as the Prince County Hospital Auxiliary, Parkinson Support Group, Hospice and restorative care staff;
- working with restorative care;
- initiating a successful wellness initiative, **Fit Happens**, focussed on healthy living;
- problem-solving, in collaboration with the geriatrician program and home care, for complex client situations;
- working with the Department of Health and Social Services to develop educational packages; and
- providing provincial training on the Seniors Assessment Screening tool (SAST) and palliative care.

Housing

Resources

Budget:	$1,208,700
Human:	7.8 FTE

The Housing Program provides 299 units for seniors in East Prince, and nine bungalows and one garden suite for rural housing. The program is also a support to the local family housing board for low income housing in the region. Tenants are selected on the basis of need which is determined at time of application through a point rating system. An applicant's income, assets, health, present accommodations, age and length of time the application is on file are all considered when assessing need.

The Seniors' Emergency Home Repair program provides eligible applicants an opportunity to have emergency repairs done to ensure physical safety and health of the applicant or to preserve the dwelling as a habitable unit.

There were 54 applications received in 2003–2004 and 42 were approved, with the majority of repairs related to furnaces, oil tanks, septic systems and roofs.

In conjunction with the provincial Jobs for Youth strategy, Helping Hands for Seniors is a project to help senior citizen homeowners undertake work around the house with the aid of students. The students provide assistance with jobs such as yard clean-ups, minor repairs and minor paint jobs. The homeowners provide the tools, materials and supervision. In 2003–2004, there were 20 applicants who qualified for this service.

Long-term Care

Resources

Budget:	$9,128,100
Human:	162.40 FTE

Summerset Manor and Wedgewood Manor are long-term care facilities located within East Prince Health providing 115 permanent and three respite beds. Normally, residents who are admitted to these facilities are 60 years of age or older.

Most of the residents have multiple complex diagnoses, the most common being dementia, stroke and diabetes and all require a level four or five nursing care (high level of need) that can no longer be provided at home or in community care facilities. The average age of residents is 83 years with a ratio of one male to 2.5 females. Admission to long-term-care is based on a coordinated assessment and a priority needs pr ess conducted by a committee from Home Care, hospitals, Housing and Long-term Care.

The philosophy at the manors is to provide a home-like environment for residents. Programs and services are based on an orientation to quality of life rather than toward sickness and death. An interdisciplinary team provides client-centred care using individualized care plans focusing on prevention, intervention and palliation (reducing the severity of pain). The support received from the residents' families and friends is welcomed, as it is very valuable in meeting the needs of the residents.

The services provided within the facilities include medical care, nursing care, special care unit (SCU), respite, physiotherapy, occupational therapy, foot care, dental care, pastoral care, social activities, nutrition services, environmental services, administration services,

hairdressing, barbering, etc. Services accessed within the community when required include diagnostic and therapeutic services, optometry, audiology, mental health, acute care and home care.

Both manors are fortunate to have very active auxiliaries and volunteers who are involved in countless hours of activity to promote the wellness of residents.

Chapman Center

Chapman Centre Day Program is a community-based program which provides services such as recreation, education and socialization for dependent elders who wish to continue living in the community. At the same time, it also allows scheduled respite, often one to two days per week, for the dependent elder's caregiver.

The present program has been in existence for 23 years and began in response to calls from the community to the long-term care facilities inquiring about the possibility of accessing a bath in the facility. Demand grew and in response to this, the service was expanded into the present day program for seniors.

Approximately 28 persons over the age of 60 received services through the Chapman Centre Day Program in 2003-2004.

Family Services

The Family Services Division of East Prince Health consists of three services: Community Mental Health, Addictions, and Child and Family Services. Clinical, protective and supportive services are provided to individuals and families to address addictions, mental health and child protection issues. To the greatest extent possible services are provided in collaboration with community partners to ensure inclusive, healthy and safe communities in East Prince.

Community Mental Health

Resources

Budget:	$878,600
Human:	12.7 FTE

The purpose of this service is to provide community-based assessment, treatment, consultation and follow-up services to individuals experiencing a range of mental health problems. Early intervention and secondary prevention services are offered to individuals experiencing mental distress. The primary target population includes individuals of all ages experiencing a wide range of symptoms and behaviours. In 2003-2004 Community Mental Health established the Community Outreach Treatment Team designed to improve the quality of life for individuals whose complex mental health needs require an intensive and/or extensive level of community-based support.

Addiction Services

Resources

Budget:	$1,568,900
Human:	22.8 FTE

Addiction Services

Target populations include individuals who are chemically dependent needing outpatient detoxification or referral for in-patient detoxification, persons harmfully involved with substance use or gambling, persons affected by another's substance abuse or dependency or problem gambling, persons with concurrent mental health and substance use disorders, adult males who are chemically dependent or who have problems with gambling and require residential extended support and care, and persons aged 16 and over who are nicotine dependent. Primary, Secondary, and Extended Care Services are provided to the these target populations.

Primary Services

- Ambulatory Detoxification – a voluntary outpatient day treatment program for persons with less severe chemical dependency and/or problem gambling addiction. This program can meet the needs of persons with addiction who are capable of functioning in their normal environment by offering treatment without significant disruption to their usual daily routines.

- The Tobacco Dependency Program – designed to help nicotine dependent smokers, aged 16 years and over, to stop their use of tobacco.

Secondary Services

- Rehabilitation Program, Family Program, Youth Services, Student Assistance Program, Children's Anger Management Program, Adult Children of Alcoholics Program and Children of Alcoholics Program for youth.

Extended Care Services

- St. Eleanor's House – a residential facility with a homelike environment where extended care is provided for up to nine adult males needing further support after initial treatment of addiction.

- Aftercare Program – a program designed to help clients maintain long-term sobriety and reinforce lifestyle changes promoted during earlier phases of treatment.

Child and Family Services

Resources

Budget:	$2,501,000
Human:	32.5 FTE

Services provided:

- Child Protection
- Foster Care
- Adoption
- Homemaker Services
- One-on-One Service for children/youth
- Family Focus – family preservation program
- Program Development and Support

The period under review was a year of significant change and development within Child and Family Services. Highlights include:

- The implementation of the *Child Protection Act* in 2003 resulted in a significant redefinition of the target population and core services. Child and Family Services has been successful in meeting the new practice standards implemented to date.

- The number of children in need of protection increased in the last year and the number of children who can safely remain at home and receive protective services has decreased thus requiring more out-of-home protection and foster care placements. There were 657 referrals for child protection in 2003-2004: neglect (15.5 per cent), physical abuse (10 per cent), domestic violence (8.3 per cent), sexual abuse (5.7 per cent).

- Seventy-six children and youth in East Prince received foster care services in 2003-2004, a record high number translating into 14,583 days of foster care required. This number compares to 63 for the previous year with between 26 and 30 children in care at any given time. The average cost for a child in care was approximately $14,500. While there has been a dramatic increase in the number of children in care, the number of foster homes has not increased proportionately. There are currently only 20 foster care homes, making it challenging to provide the best match for placement and creating the additional need for day programs, respite, emergency response and support services for children and their caregivers. Recruitment of foster caregivers is an on-going need.

- Program components that provide preventive and promotional supports to families at risk include Family Focus and One-on-One Program workers. Family Focus served 59 families through their in-home family supports and group services for parents and teens. The One-on-One Program provides therapeutic relationships for children with exceptional needs and promotes positive change for the child and their caregiver.

- In 2003-2004, the restructuring process for Child and Family Services continued to improve quality in service response time, continuity of services to children in care, and staff morale and retention. Through an extensive and highly inclusive process the major components of the restructuring have been completed as well as an evaluation of the first phase which indicated, among other findings, an increase in staff retention. Phase two, focusing on areas identified in the evaluation, is scheduled for completion by the end of 2004. The reconfiguration of service teams and identification of specialized services, together with the new legislation, policies and practices, have positioned Child and Family Services to meet a new standard of service delivery.

- Partnership and administrative responsibility for the new youth residential and treatment facility in Tyne Valley. This facility is a high-level-care residence for youth with exceptional needs that cannot be met in foster care or the community.

Primary Health and Community Services

Purpose

To work in partnership with the community to develop, deliver and evaluate programs focused on enhancing the health of populations in East Prince so that individuals, families and communities are supported in attaining and maintaining optimal health and are thereby enabled to live as independently as possible.

Services include:

- Evangeline Community Health Centre
- Disability Support Program
- Income Support Program
- Public Health Nursing Program

Evangeline Community Health Centre

Resources

Budget:	$346, 400.00
Human:	5 FTE

The Evangeline Community Health Centre (ECHC) works in partnership with the surrounding community to deliver health and social services to the Evangeline region, particularly to the Francophone population.

ECHC is particularly active in its efforts to positively affect the determinants of health through education, information, activities and involvement in community projects designed to accentuate lifestyle choices.

The centre provides information resources such as books and videos on health-related subjects in both English and French, and in the spring of 2003 participated in the launch of Active Healthy Homes campaign developed by the Active Living Alliance.

ECHC also offered its first PAP screening clinic during the period under review and partnered with CAP (Community Action Program), **Enfants** to provide support and information for a monthly breastfeeding support group. This resulted in breastfeeding rates in the area being higher than the regional average.

The staff of the centre also participated in « **Je prend ma santé en main** » *Taking Charge of My Health*, a project sponsored by **l'Association des femmes acadiennes et francophones de l'Île-du-Prince-Édouard,** which has as its goal the prevention of Type 2 diabetes. This resulted in the production of a French video dealing with risk factors, symptoms and the importance of physical activity and proper nutrition in the prevention and management of diabetes. In addition to being viewed by over 75 people in the area, the video has also been shown on local community cable television.

Financial Assistance/Disability Support Program/Job Creation Program

Resources

Budget:	$9,751,000
Human:	22.5 FTE

The year April 2003 to March 2004 has, once again, been an eventful one for the Financial Assistance/Disability Support Program. The Finacial Assistance Program provided services to an average of 850 clients per month during the fiscal year. The program continues to use an employment, educational and financial assessment process to determine eligibility and as the basis for case management.

The Disability Support Program (DSP) provided child, adult and employment/vocational support services to 295 residents of East Prince. Thirty per cent of the adult DSP client base receives an employment /vocational service (i.e. is employed or in training for employment), which was the highest percentage in the province. There have been a number of policy changes for the DSP, which have allowed disability support workers to provide a more efficient and effective service to their clients.

The Job Creation Program helps recipients of income support retain work skills or to learn new skills through short-term employment projects. The program offers a wage subsidy option to create work opportunities in private sector businesses and community-based organizations. In the 2003-2004 fiscal year, East Prince Health placed 89 persons in a variety of work situations.

East Prince Health Employment Services offers group sessions on job search, employer expectations, and a number of other employment issues; sponsors the Career Links program and manages the Parent Power program, both designed to deliver enhanced employment services; and provides other employment-related services such as resumé preparation and referrals for training. These services are to assist financial assistance recipients by providing work and training opportunities which help them achieve self-sufficiency. In the 2003-2004 fiscal year, East Prince Health Employment Services provided assistance to 314 persons through a wide array of employment programs and services.

Public Health Nursing Program

Resources

Budget:	$884, 000
Human:	14 FTE

Appropriate to their need, people will receive health and social services that make a difference to their quality of life, and will have access to an integrated system of quality health and social services

On May 15, 2003, the Minister of Health and Social Services announced that the health system would no longer charge the nominal fee for routine childhood and school age immunization.

Immunization is one of the most effective and low cost preventive health care practices available to the health system, and is a significant part of the work done in Public Health Nursing. The waiving of these nominal fees is a clear recognition of the value of investing in preventive health care.

On June 1, 2003, the vaccine to protect against meningitis, meningococcal conjugate, became part of the routine immunization schedule for children on PEI. It is now administered by the regional public health nursing programs at 12 months of age and to children in Grade 9, Island-wide.

Statistically, within the last year, PEI had an increased rate of pertussis cases (whooping cough) and with 29 of the 42 cases reported in the province, East Prince had the highest regional numbers. Pertussis is a disease which occurs frequently in children, with the most serious complications and deaths occurring in young infants, at the rate of one to three deaths in Canada yearly.

Beginning in the fall of 2003, the provincial Department of Health and Social Services accepted a newly recommended program to enhance protection against pertussis, which is now carried out by Public Health Nursing in the health regions, and includes all children in Grade 9.

Pneumococcal disease is caused by bacteria called Streptococcus pneumoniae which can cause meningitis, pneumonia, bacteremia (blood infections) and ear infections.

In April 2003, a program of providing Prevnar (Pneumococcal - 7 vaccine) for children and adults who have splenectomies, asplenia or splenic dysfunction was introduced in PEI. In February 2004, this program was extended to include all children who were born at less than 32 weeks gestation and have certain specific illnesses or conditions, with a **catch-up** for those in this category who have reached 59 months of age.

Speech Language Pathology Program

Speech Language Pathology services were enhanced province-wide with the creation of four new positions, including a half-time position in East Prince Health. This has allowed speech language pathologists to focus more time on pre-schoolers and has enhanced services to the school age population.

Nutrition Services Program

Nutrition Services received 130 referrals between April 2003 and March 2004.

These referrals were broken down as follows:

Prenatal	71
Child Feeding Issues	25
Special Diet Assessments	20
Other	4
Inappropriate (sent to other services)	6
Client Refused Service	4

Prenatal Caseload

Being overweight puts women at risk for poor health and, relative to healthy weight women, at risk for poorer pregnancy outcome.

- 49 per cent of prenatal clients had a Body Mass Index greater than 27 at the time of referral.

- 36 per cent of prenatal clients had Body Mass Index greater than 30.

- 73 per cent of prenatal clients were seen before 19 weeks, indicating early intervention.

- 94 per cent of prenatal clients seen had risk scores of **moderate** risk to **very high** risk, indicating that the nutrition service was reaching a high-risk population. Risk factors that affect the prenatal outcome include adolescent pregnancy, close pregnancies, previous low-birth-weight baby, overweight, underweight, multiple pregnancy, financial need, smoking, substance abuse and poor weight gain.

- 83 per cent of prenatal clients received milk tickets and vitamin supplements as a part of the nutrition counseling service. Milk tickets and prenatal vitamin supplements are provided where there is financial need. Low socio-economic status is one of the most significant factors associated with low birth weight.

Home Visits/Breast Feeding

- 46 per cent of all appointments were home visits because clients did not have reliable transportation. Providing home visits is important in making service readily accessible.

- 59 per cent of clients referred to the dietician who delivered in 2003-2004 chose to breast feed: a healthy choice for both mom and baby.

Appendix

Auditor's Report

East Prince Health
Financial Statements
March 31, 2004

Grant Thornton

Contents

	Page
Auditors' Report	1
Statement of Revenue and Expenses	2
Balance Sheet	3
Statement of Cash Flows	4
Statement of Tangible Capital Assets	5
Notes to the Financial Statements	6 - 10

Grant Thornton

Grant Thornton LLP
Chartered Accountants
Management Consultants

Auditors' Report

To the Members of the Board of
East Prince Health

We have audited the balance sheet of **East Prince Health** at March 31, 2004 and the statements of revenue and expenses, cash flows and tangible capital asses for the year then ended. These financial statements are the responsibility of the Region's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Region as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting recommendations.

Grant Thornton LLP

Summerside, Prince Edward Island
June 7, 2004

Grant Thornton LLP
Chartered Accountants

220 Water Street, 2nd Floor
PO Box 1660
Summerside, Prince Edward Island
C1N 2V5
T (902) 436-9155
F (902) 436-6913
E Summerside@GrantThornton.ca
W www.GrantThornton.ca

Canadian Member of Grant Thornton International

East Prince Health
Statement of Revenue and Expenses

Year Ended March 31	2004	2003
Revenue		
Department of Health and Social Services (Note 7)	**$ 35,773,900**	$ 56,602,736
Patient/client fees	**221,153**	1,491,391
Special projects and other (Note 8)	**110,292**	310,485
Donations		
Prince County Hospital Foundation Inc.	**-**	2,950,354
	36,105,345	61,354,966
Expenses		
Child & Family services	**13,564,643**	12,571,460
Long term care	**11,739,116**	10,763,786
Hospital services (Note 1)	**2,089,000**	30,331,877
Home Care	**1,923,482**	1,604,294
Housing services	**1,718,639**	1,517,486
Addiction services	**1,583,714**	1,496,865
Public Health	**1,074,038**	703,634
Community Development (Note 9)	**870,021**	853,292
Mental Health	**865,558**	523,149
Job Creation Program	**353,342**	317,691
Community Health Center	**323,654**	307,204
Interest on long term debt	**138**	7,351
Health Facility Planning	**-**	356,877
	36,105,345	61,354,966
Excess of revenue over expenses	**$ -**	$ -

See accompanying notes to the financial statements

East Prince Health
Balance Sheet

March 31	2004	2003
Assets		
Current		
Cash - unrestricted	**$ 819,654**	$ 1,099,875
Cash - restricted (Note 3)	**28,440**	33,870
Receivables (Note 4)	**2,929,655**	7,542,832
Prepaid expenses	**103,573**	139,450
	3,881,322	8,816,027
Investments in bonds and certificates at cost	**-**	323,784
	$ 3,881,322	$ 9,139,811
Liabilities		
Current		
Payables and accruals (Note 5)	**$ 3,852,882**	$ 8,985,787
Funds held in trust	**28,440**	33,870
Current portion of long term debt	**-**	17,499
	3,881,322	9,037,156
Long term debt (Note 6)	**-**	102,655
	3,881,322	9,139,811
	$ 3,881,322	$ 9,139,811

Commitments (Note 10)

On behalf of the Board

_____ Board Member _____ Board Member

See accompanying notes to the financial statements.

East Prince Health
Statement of Cash Flows

Year Ended March 31

	2004	2003
Increase (decrease) in cash and cash equivalents		
Operations		
Changes in		
Cash - restricted	$ 5,430	$ (410)
Accounts receivable	4,613,177	(938,640)
Prepaid expenses	35,877	55,799
Payables and accruals	(5,132,905)	1,558,191
Funds held in trust	(5,430)	410
	(483,851)	675,350
Financing		
Repayment of long term debt	(120,154)	(16,606)
Decrease in appropriated funds		(82)
	(120,154)	(16,688)
Investing		
Proceeds from expiration of bond	323,784	326,537
Purchase of investments		(323,784)
	323,784	2,753
Net (decrease) increase in cash and cash equivalents	(280,221)	661,415
Cash and cash equivalents, beginning of year	1,099,875	438,460
Cash and cash equivalents, end of year	$ 819,654	$ 1,099,875

See accompanying notes to the financial statements.

East Prince Health
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Pavement	Buildings	Equipment	2004 Total	2003 Total
Cost of Tangible Capital Assets						
Opening cost	$ 134,310	$ 57,666	$ 6,974,322	$ 14,413,053	**$ 21,579,351**	$ 18,579,768
Additions	-	-	-	1,104,083	**1,104,083**	2,999,583
Transfer to PHSA	(128,784)	(57,666)	(6,073,048)	(13,123,378)	**(19,382,876)**	-
Closing cost	5,526	-	901,274	2,393,758	**3,300,558**	21,579,351
Accumulated Depreciation						
Opening balance	-	57,666	4,985,152	6,842,869	**11,885,687**	11,306,489
Add: depreciation	-	-	31,470	115,593	**147,063**	579,198
Less: transfer to PHSA	-	(57,666)	(4,713,270)	(6,301,233)	**(11,072,169)**	-
Closing balance	-	-	303,352	657,229	**960,581**	11,885,687
Net Carrying Amount of Tangible Capital Assets	$ 5,526	$ NIL	$ 597,922	$ 1,736,529	**$ 2,339,977**	$ 9,693,664

East Prince Health
Notes to the Financial Statements
March 31, 2004

1. Nature of operations

East Prince Health Region, a non-profit organization, operates as "East Prince Health" under the authority of the Health and Community Services Act, Part III (the "Act").

During 2002, the government of Prince Edward Island amended the Health and Community Services Act to form the Provincial Health Services Authority (PHSA). Effective December 8, 2002, the PHSA became responsible for the financial position and operations of the Queen Elizabeth Hospital, Hillsborough Hospital, Addiction Services and the Prince County Hospital.

The Minister of Health and Social Services provided for the Prince County Hospital to continue to report under East Prince Health Region for the year ended March 31, 2003. The Prince County Hospital was reported under the PHSA effective April 1, 2003.

The core services managed by East Prince Health on behalf of residents of East Prince and the Province of P.E.I. are:

Program/Service

Child and Family Services
Home Care
Housing
Community Mental Health
Prince County Addiction Services
Job Creation Program
Public Health Nursing
Stewart Memorial Hospital
Summerset Manor
Wedgewood Manor
Community Development

2. Summary of significant accounting policies

Basis of accounting

East Prince Health follows the accounting recommendations of the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants.

Revenue recognition

East Prince Health follows the deferral method of accounting for grants for special projects. Grants restricted for special projects are recognized as revenue in the year in which the related expenses are incurred. Unrestricted amounts are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Summary of significant accounting policies (cont'd)

Financial support overpayments

Financial support overpayments are recorded as receivable when identified with a full provision as a doubtful account. Recoveries of financial support overpayments are credited to financial support expenditures when received.

Tangible capital assets

Capital assets are recorded at cost on the Statement of Tangible Capital Assets. Amortization of capital assets is recorded on the Statement of Tangible Capital Assets using the declining balance method at the annual rate of 5% for buildings and 6.25% for equipment.

Tangible capital assets are expensed as a component of program costs in the year of acquisition. During the year, capital asset purchases of $1,104,083 (2003 - $2,999,583) were expensed. The Region received designated funding for capital purchases in the amount of $183,069 (2003 - $3,286,071) during the year.

Vacation Pay and Retirement Allowances

Vacation pay is recorded as a liability when earned. Retirement allowances are funded separately from the regular funding received from the Department of Health and Social Services.

Pension Plans

Employees of East Prince Health belong to different pension plans according to their historical workplace. Former hospital employees and all new employees since regionalization are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island. The hospital pension plan is a defined benefit pension plan for basic pension contributions and a defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 2003 employer contributions to the pension plan are not sufficient to meet the requirements of the plan and a pension fund deficit existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island. These pension plans are not reflected in these financial statements.

2. Summary of significant accounting policies (cont'd)

General

These financial statements do not include the assets, liabilities and activities of Prince County Hospital Foundation, Stewart Memorial Hospital Foundation, or the hospitals' auxiliaries.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of bank overdrafts.

Other

East Prince Health acts as an agent for the Province of P.E.I. for the collection of revenues. During the year revenue of $3,050,227 (2003 - $3,074,515) was collected from the following areas:

Long term Care
Housing Services
Home Care
Addiction Services
Public Health Nursing

Revenues collected are not reflected in the body of the financial statements.

3. Cash-restricted	2004	2003
Resident Trust Funds	$ 20,869	$ 24,205
Memorial Trust Funds	7,571	9,665
	$ 28,440	$ 33,870

4. Receivables	2004	2003
Financial Support overpayments	$ 1,100,470	$ 1,264,943
Patients and other	1,728,005	2,920,603
Department of Health and Social Services	1,008,686	4,652,377
Due from PHSA	241,658	-
	4,078,819	8,837,923
Less: allowance for doubtful accounts	(1,149,164)	(1,295,091)
	$ 2,929,655	$ 7,542,832

5. Payables and accruals	2004	2003
Trade	$ 1,123,443	$ 2,913,982
Deferred revenue	327,922	1,052,874
Accrued salaries and benefits	2,359,452	5,018,931
Payable to Foundation	42,065	-
	$ 3,852,882	$ 8,985,787

6. Long term debt	2004	2003
5 3/8% Municipal Development Loan Board debenture, amortized to and maturing in 2008, payable in annual installments of $23,957 including interest.	$ -	$ 120,154
Less: current portion of long term debt	-	17,499
	$ -	$ 102,655

Funds are provided annually by the Department of Health and Social Services for the above repayments.

7. Department of Health and Social Services	2004	2003
Operations	$ 35,773,900	$ 56,245,857
Health Facility Planning	-	356,879
	$ 35,773,900	$ 56,602,736

8. Special projects and other

During the year, East Prince Health participated in various projects and initiatives, such as the employment initiative program and home care projects whereby funding was provided by project sponsors. The related project expenditures are included in Community Development expenses.

9. Community Development

	2004	2003
Grants to non-governmental organizations	$ 777,500	$ 777,535
Special projects and other	92,521	75,757
	$ 870,021	$ 853,292

10. Commitments

The Region is committed to the following lease payments:

243 Harbour Drive	$23,642 monthly until 2013.
Kensington Enterprise Center	$2,816 monthly until 2023.

11. Comparative figures

Certain of the figures on the 2003 financial statements have been reclassified to conform to the 2004 financial statement presentation.